STATE OF CALIFORNIA GRAY DAVIS, GOVERNOR

DEPARTMENT OF INDUSTRIAL RELATIONS
INDUSTRIAL MEDICAL COUNCIL
395 Oyster Point Blvd., Ste. 102
South San Francisco, CA 94080
Tel: (650) 737-2700 Fax: (650) 737-2989

ADDRESS REPLY TO:
P.O. Box 8888
San Francisco, CA 94128-8888

QME AND AME TIME FRAME EXTENSION REQUEST - (For Late Reporting)

Please send this form to the Industrial Medical Council at the above address 5 days before your report is due to be served on the parties. Send a copy of this form to the employee and employer/insurer/claims administrator. The QME may not be entitled to payment for evaluations which are not submitted in a timely manner (Labor Code 4062.5). If you need further information, please call us at (650) 737-2767.

PLEASE FULLY COMPLETE THE FOLLOWING INFORMATION

1. REASON FOR REQUEST:

☐ Lab/tests have not been completed - type of test(s) requested: _____

☐ Consulting specialist has not completed evaluation - type of specialist(s): _____

A. For injuries between 1/1/91 and 12/31/93:

☐ I estimate the report will be served within 90 days from the date of examination.

☐ I estimate the report will not be served within 90 days from the date of examination. I understand approval of the Executive Medical Director is required as my report will be served beyond 90 days. **Please attach justification.**

B. For injuries on or after 1/1/94.

☐ I estimate the report will be served within 60 days from the date of examination.

☐ I request an extension of reporting time for more than 60 days from examination. I understand approval of the Executive Medical Director is required as my report will be served beyond 60 days. **Please attach justification.**

2. EXTENSIONS FOR GOOD CAUSE:

Extensions for Good Cause may not exceed an additional 15 days from the date the report is required to be served and must be approved by the Executive Medical Director. Please check the appropriate box and specify good cause.

A. ☐ Medical emergency of the evaluator or the evaluator's family.

B. ☐ Death in evaluator's family.

C. ☐ Natural disaster or other community catastrophes that interrupt the operation of the evaluator's office.

Specify Good Cause_____

_____

Employee's Name_____Date of Injury _____

Name of Employer _____ Claims Administrator_____

Date of medical evaluation _____ Estimated date report will be submitted _____

Name of QME (PRINT/TYPE)_____QME NUMBER _____

Signature of QME _____Date _____

Street Address _____City/Zip_____Telephone_____

FOR IMC/DWC USE ONLY - For extensions greater than 60/90 days or for Good Cause

( ) Extension approved- form 3 ( ) Extension denied Forms 5,7

Executive MedicalDirector: _____Date _____

38.2. "The Time Extension Approval" Form.

TO:_____ DATE: _____

_____

_____

_____

Case Number _____
Claim Number _____
Panel Number _____

TIME EXTENSION APPROVAL

Your QME/AME doctor has asked for an extension of the time in which he/she is required to complete your medical evaluation. We are allowing the doctor extra time to do so. If you are unrepresented and the report is still not complete by _____**,** you can either:

(1) accept the report when it is completed or
(2) ask for a replacement panel and repeat the QME process.

If you are represented, please consult your attorney.

If you have any questions please call 650-737-2767/800-794-6900 or write to:

The Industrial Medical Council
P.O. Box 8888
San Francisco, CA 94128-8888

IMC FORM 3 (Rev. 1/96)

Authority cited: Sections 139, 139.2, Labor Code.
Reference: Sections 139.2, 4060, 4061, 4062, 4062.5, Labor Code.

38.3. The "Denial of Time Extension" Form.

To: Date: _____

EVALUATOR'S NAME _____

_____

_____

EMPLOYEE'S NAME _____

Case Number _____
Claim Number _____
QME Panel Number _____

DENIAL OF TIME EXTENSION

Your request for time extension for medical evaluation report submission has been denied for the following reason(s):

_____

_____

_____

_____

The report is due within 45 days (for injuries occurring on or after 1/1/91 up to 12/31/93) or 30 days (for injuries occurring on or after 1/1/94) of the appointment. Please note Labor Code section 4062.5 states that the QME is not entitled to payment for evaluations which are not submitted in a timely manner and rejected by the applicant. The employee now has the option of accepting the late report or requesting a replacement panel. The employee has a 15 day period to object to the late report. Please call the IMC 15 days from the date of this letter to inquire whether the employee accepted the late report or has requested a replacement panel.

If you have any questions please call (650) 737-2767 / l (800) 794-6900 or write to:

Executive Medical Director
The Industrial Medical Council
P.O. Box 8888
San Francisco, CA 94128-8888

cc: Employee
Claims Administrator

IMC FORM 5 (Rev. 2/94)

Authority cited: Sections 139, 139.2, Labor Code.
Reference: Sections 139.2, 4060, 4061, 4062, 4062.5, Labor Code.

38.4. The "Notice of Late QME Report" Form.

TO: Date _____

EMPLOYEE'S NAME _____

_____

_____

Case Number _____

NOTICE OF LATE QME REPORT

Your QME has not completed your medical evaluation report within the required time from the date of your evaluation. You can accept the delay of your evaluation or ask the IMC for a replacement **panel** and repeat the QME process.

To receive a replacement **panel**, please complete the bottom portion of this letter and return this form to the Industrial Medical Council. If you have any questions, please call the IMC at (1-800) 794-6900 or (650) 737-2767.

IF YOU DO NOT RETURN THIS FORM WITHIN 15 DAYS FROM THE ABOVE DATE YOU WILL NOT BE ASSIGNED A REPLACEMENT PANEL.

Name _____

Address _____

Signature _____

Name of QME Doctor _____

RETURN THIS FORM TO: Industrial Medical Council
P. O. Box 8888
San Francisco, CA 94128-8888
(800) 794-6900
(650) 737-2767

IMC FORM 7 (Rev. 2/94)

Authority cited: Sections 139, 139.2, Labor Code.
Reference: Sections 139.2, 4060, 4061, 4062, 4062.5, Labor Code.